



# NEW YORK STATE SECURITY BREACH REPORTING FORM

## Pursuant to the Information Security Breach and Notification Act (General Business Law §899-aa)

**Name and address of Entity that owns or licenses the computerized data that was subject to the breach:**

Pasternack Tilker Ziegler Walsh Stanton &amp; Romano, LLP

Street Address: 233 Broadway

City: New York

State: NY

Zip Code: 10279

**Submitted by:** Joseph V. DeMarco Title: Partner Dated: March 4, 2016

Firm Name (if other than entity): DeVore &amp; DeMarco, LLP

Telephone: (212) 922-9499

Email: jvd@devoredemarco.com

Relationship to Entity whose information was compromised: Attorneys

**Type of Organization** (please select one): ☐ Governmental Entity in New York State; ☐ Other Governmental Entity;  
☐ Educational; ☐ Health Care; ☐ Financial Services; ☒ Other Commercial; or ☐ Not-for-profit.**Number of Persons Affected:**

Total (Including NYS residents): 46 NYS Residents: 40

If the number of NYS residents exceeds 5,000, have the consumer reporting agencies been notified? ☐ Yes ☐ No**Dates:** Breach Occurred: Unknown Breach Discovered: July 9, 2014 Consumer Notification: March 4, 2016**Description of Breach** (please select all that apply):☐ Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape);☐ Internal system breach; ☒ Insider wrongdoing; ☐ External system breach (e.g., hacking);☐ Inadvertent disclosure; ☐ Other specify: \_\_\_\_\_**Information Acquired:** Name or other personal identifier in combination with (please select all that apply):☒ Social Security Number☐ Driver's license number or non-driver identification card number☐ Financial account number or credit or debit card number, in combination with the security code, access code, password, or PIN for the account**Manner of Notification to Affected Persons - ATTACH A COPY OF THE TEMPLATE OF THE NOTICE TO AFFECTED NYS RESIDENTS:**☒ Written ☐ Electronic ☐ Telephone ☐ Substitute notice

List dates of any previous (within 12 months) breach notifications: \_\_\_\_\_

**Identify Theft Protection Service Offered:** ☒ Yes ☐ No

Duration: One Year Provider: Experian

Brief Description of Service: Experian ProtectMyID Elite